NVL Laboratories, Inc.
4708 Aurora Avenue North; Seattle, WA 98103
Tel: 206.547.0100   Fax: 206.634.1936
1.888.NVL.LABS (685.5227) www.nvllabs.com

Your project partner!

Sampling Data Sheet
for
Asbestos, Lead, Mold & Other

NVL™
L A & B S
HAZARDOUS MATERIALS SERVICES

(Please Type or Print)
Client Name: _PW JACKSON + ASSOCIATES_

Job Location: _RAINIER BREWERY_

Total Samples [3]

Project#: _050504_

NVL Batch #:_____

Results Needed By [3 DAYS]

		Company	Date
Sampled by: _P JACKSON_		_PW JACKSON + ASSOCIATES_	_5/11/04_
Relinquished by: _P JACKSON_			
Received by:			
Analyzed by:			
Reviewed by:			

Sample ID: _511-25-1_
Sample Type: _AREA_
Protection: _TYPE C_
Decon: _____
Environment: _LIGHT SMOKE_
Pump #: _1_
Date: _5-11-04_

Location: _TANK 46 CUTTING_
Activities:
Worker: _____

Time: Start _10:40_ Rate: Start _4.5_		Fibers		Fibers
End _16:20_ End _4.5_	Liters	/fields	LOD	/cc
Minutes= _340_ Average= ~~1630~~ / 4.5	_1530_	___	___	___

Sample ID: _511-25-2_
Sample Type: _AREA_
Protection: _TYPE C_
Decon: _____
Environment: _LIGHT SMOKE_
Pump #: _2_
Date: _5-11-04_

Location: _WINDOW CUT OUT_
Activities:
Worker: _____

Time: Start _10:45_ Rate: Start _4_		Fibers		Fibers
End _16:29_ End _4_	Liters	/fields	LOD	/cc
Minutes= _344_ Average= _4_	_1376_	___	___	___

Sample ID: _511-25-3_
Sample Type: _____
Protection: _____
Decon: _____
Environment: _____
Pump #: _____
Date: _____

Location:
Activities: _QA/QC_
Worker: _____

Time: Start __:__ Rate: Start ____		Fibers		Fibers
End __:__ End ____	Liters	/fields	LOD	/cc
Minutes= ____ Average= ____	___	___	___	___

Sample ID: _____
Sample Type: _____
Protection: _____
Decon: _____
Environment: _____
Pump #: _____
Date: _____

Location:
Activities:
Worker: _____

Time: Start __:__ Rate: Start ____		Fibers		Fibers
End __:__ End ____	Liters	/fields	LOD	/cc
Minutes= ____ Average= ____	___	___	___	___

SAMPLE TYPES		CONTROLS	
P Pre abatement	X Aggressive clearance	RESP. PROT	DECON.	ENVIRONMENT
A Area	FB Field blank	PA Pressure dem. air	D,S Decon. w/ shower	H HEPA vac.
I Inside reg. area	TB Trip blank	CA Continuous flow air	D Decon. w/o shower	N Negative air
O Outside reg. area	B Breathing zone (TWA)	PAPR		G Glovebag
H HEPA exhaust	C Ceiling (STEL)	F Full face mask APR		O Outside
CL Clearance		M Half face mask APR		Page___OF___

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